Voucher prepa		RSABLE			Bu			VD DV
		(Department, bureau,	, or establishment)				PA	ID BY
	tred at	(0	Jivo place and date)			-		<i>i. u</i>
THE UNITED S		Payee's Account No					Coned	/ #
T_{\circ}						7	10-29	122-
10		(Payce))	84			COPY /	OF
	(Add	dress)	(City)	(State)				
No. and Date of			LES OR SERVICES number of contract or	RVICES contract or Federal supply		UNIT PRICE		I
Order	or Service	schedule, and other Discount Terms	information deemed	necessary)	QUANTITY	Cost	Per	De
	-							
		Cost						\$16
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,								
PAYMENT:		1						
Complete								
Partial [
Final			ation sheet(s) if necessa					
Shipped from		to Weigh		vernment B/L No.	yce must NO	l' use this	Total	\$16
I certify that the a	bove bill is correct	t and just and that payment h	as not been received.		nces		•	
		(Sign original only)						
Data 3-24-5	ió en							
Date	TPAUM	wired when a like certifica	ate is made by payee on attached	bill or bille) Ame	ount verified;	correct for		1
Per _		Title			nature or initi			
Contract No.	1101	Date	Req. No.		Date	I	nvoice Rec	d.
Pursuant to author	ity vested in me,	I certify that this account is co	rrect and proper for p	ayment.				
† Approved for \$				†	/ A 11th or In	ad Clartifui	ng Officen	
D			SIGN Original	Title				
Ву	4		ONLY	1 1Cle				
Title				Date				
	THE REVERSE OF TH	HIS FORM MUST BE EXECUTED WIIEN	PURCHASES ARE MADE OR S	SERVICES SECURED WIT	IOUT WRITTEN A	GREEMENT I	N ANY FORM	
	ACCOU	NTING CLASSIFICATION (A)	ppropriation Symbol 1	must be shown; ot	ner classificat	lon option	nai)	

